



2019 Local CEU Program Guidelines and Application

ASE OVERVIEW

EDUCATIONAL MISSION:

Purpose

As an organization dedicated to excellence in cardiovascular ultrasound for patient care, the ASE strives to promote and promote opportunities for enhancement of knowledge and skills of cardiovascular ultrasound professionals through educational programming. The goal of this programming is to improve the participant's proficiency in cardiovascular ultrasound and its application to patient care, and foster optimal management of patients with heart disease.

Content Areas

The ASE will assess the educational and training needs of its members and program attendees in order to design appropriate educational programming. The program will provide quality educational activities, locally, nationally and internationally, for cardiovascular ultrasound professionals to explore contemporary issues and emerging developments in cardiovascular medicine.

Target Audience

ASE will direct its programs in to cardiologists, pediatric cardiologists, cardiac and vascular sonographers, cardiology trainees, cardiovascular surgeons, anesthesiologists, internists, emergency room physicians, internal medical trainees, nurses, medical students and other interested health professionals.

CEU CREDITS:

ASE CEU credits are honored by the American Registry for Diagnostic Medical Sonographer (ARDMS) and Cardiovascular Credentialing International (CCI) towards registry requirements for sonographers. The ASE does not provide registries with your ASE transcript. Credits are not valid towards ARRT requirements. For information on the requirements of your registry and how to update your CEU records, please contact:

ARDMS: 800.541.9754

CCI: 800.326.0268

FREEDOM FROM COMMERCIAL INTERESTS:

The ASE mandates that the information presented to the learners during educational activities must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. All reasonable clinical alternatives should be presented when making practice recommendations and relationships with commercial interests cannot influence or bias the educational activity.

CONTACT:

For any questions regarding ASE CEU educational programs and opportunities, please contact:

Dallas Lyons III – Associate Manager,
Member Services, Email:

DLyons@ASEcho.org, Phone: 919-297-7153.

Echo Lab: Program Details

OVERVIEW:

This program is designed for hospital cardiac ultrasound and cardiovascular laboratories who hold monthly, in-house meetings related to echocardiography. Under the guidelines set forth by this program, **sonographer attendees will be eligible for up to 12.0 ASE CEU credits per year** from attendance at these meetings. ** AMA Category 1 Credit for physicians is not provided.

PROGRAM ELIGIBILITY:

To be eligible for this program, laboratory meetings must be developed to enhance the knowledge, performance, or skills of attending clinicians and should directly relate to the professional responsibilities of the laboratory staff. Meetings, to the extent possible, should be free from commercial interest.

APPLICATION PROCESS AND FEES:

To have your laboratory considered for this program, please review these guidelines and submit the application located on page 4 of this document. **The person submitting the application must be an ASE member in good standing** with the Society.

Applications must be accompanied with payment. Incomplete applications will not be processed.

These fees represent the cost for 12.0 ASE CEU credits to be used in no more than 1 (one) year from the date your application is approved. After this period, the CEUs will expire and a new application will need to be submitted.

Application Fee: \$350

Each 0.5 credit over 12: \$20

If each of the 12 credits are approved and used prior to the end of your approval period, you may purchase credits in half hour intervals through the end-date of your term, or you may choose to renew your society's enrollment by resubmitting a current application and the accompanying \$300 fee.

MEETING APPROVAL:

Following the approval of your application, to be eligible to receive ASE CEU credit designation, you will must: Submit a meeting request form **at least 7 business days** prior to your meeting date. ASE will approve these meetings on an individual basis and provide you with a letter of approval and CEU certificate template prior to your meeting date.

See page 6 for submission form.

All meetings submitted for an ASE CEU designation should be directly relevant to the cardiovascular sonographer's professional responsibilities.

DETERMINING CREDIT AMOUNTS:

116-130 minutes	2.00 credits
101 – 115 minutes	1.75 credits
86 – 100 minutes	1.50 credits
71 – 85 minutes	1.25 credits
50 – 70 minutes	1.00 credit
25 – 49 minutes	0.50 credit
Under 25 minutes	No credit

APPLICANT RESPONSIBILITIES:

Once approved, the applicant is responsible for planning and coordinating all meetings.

The ASE will not provide administrative assistance in the development of the education activity or its content.

The applicant must submit a meeting request form with the exact date of the meeting, as noted on page 3, for each meeting where a CEU designation is desired. As an advocate for the Society, the applicant is responsible for showing the ASE “Who We Are” video at the start of each meeting. This 4 (four) minute video can be found on the ASE YouTube page, <https://www.youtube.com/watch?v=QbBoj4LD9-g&t=1s> or can be emailed to applicant directly.

The applicant will be in charge of maintaining proper records of attendance for all credit earned at meetings, and must distribute certificates of attendance to attendees for all meetings where ASE CEU credit is given. The ASE will provide a customized certificate and attendance template for each approved meeting.

Within 30 days following a meeting where credit is given, a typed attendance list, including name, address, email and credit amount, should be provided to ASE using the template provided by ASE during meeting approval. **All attendee lists must be submitted in Excel spreadsheet format, and must be submitted by email.** Attendee lists with missing information, or not

submitted properly will be returned to applicant for completion. By completing the CEU program application, the applicant has given consent for the ASE to contact meeting attendees via email for the promotion of educational content, and/or membership opportunities.

PROMOTIONAL MATERIAL PROTOCOL:

Meetings that will provide brochures, flyers or other promotional materials must be approved prior to distribution. ASE will provide the appropriate graphics and terminology for all sections in which the ASE is mentioned.

BENEFITS TO AN ASE PARTNERSHIP:

The ASE is widely recognized as the premier source for heart and circulation ultrasound education. In addition to providing CEU credits to hospital laboratory meetings and local societies, the ASE’s cardiovascular ultrasound CME regime is unparalleled in the field.

In addition to a wealth of online resources, found at www.ASEcho.org, which can be used with your meeting, ASE will provide you with a tool-kit containing information on additional educational programming, ASE membership, and helpful laboratory accreditation products which can be used and/or distributed during your meetings.

Local Society: Program Application

DATE: _____

Society Information

Name of Local Society: _____

Primary mailing address and contact info (all correspondences, including ASE materials for distribution, will be sent to this address).

Street Address/ Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Echo Lab Phone: _____

Website (if available): _____

Contact Information

Society Contact Person Name: _____

Society Contact Person ASE Membership Number: _____

Email Address: _____

Application Requirements & Payment

A \$350 payment is necessary for application to be reviewed. This application fee is non-refundable. Please submit payment within 7 business days of first meeting. Payment will not be processed until application is approved.

AMERICAN EXPRESS

VISA

MASTERCARD

Credit Card #: _____ Expiration Date: _____

Name on Card (please print): _____ CVC: _____

Signature: _____

Check/Money Order (# _____) [*Made payable to the American Society of Echocardiography*]

Signature Required

I have read and agree to the American Society of Echocardiography's CEU Guidelines for hospital laboratories. I understand that as the contact person, I am responsible for ensuring that the above named hospital abides by the ASE's CEU Guidelines. I also understand that the ASE has the right to deny approval of any application.

Submit by email, mail or fax to the address below. You will be notified via email when your application is received.

Signature of Local Society Contact Person

Date

ATTN: Dallas Lyons

Meeting Submission Form

Date of Meeting: ____/____/____

Contact Information

Society Contact Person Name: _____ Email Address: _____

Name of Local Society: _____

Meeting Information

Number of ASE CEU credits requested / length of echo subject matter presented: _____

Proposed title of society meeting to be held:

Time of society meeting to be held (beginning time and ending time): _____

Location of meeting (provide complete name and address):

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Speaker(s): _____

Meeting Format (i.e. Lecture, cases, interactive, etc.): _____

List one learning objective for each hour of proposed content:

Expected attendance: _____

Submission Requirements

Attach a typed detailed agenda and program description of your meeting (including the names of the speakers, topics to be discussed, breaks, meals, etc., and the times devoted to each).

Signature Required

This form must be dated and submitted at least 7 days prior to your meeting. ASE must receive a Meeting Submission Form for each meeting that will offer ASE CEU credits. You will be notified by email once your meeting and number of ASE CEU credit hours have been approved within 3-5 business days, and you will be provided with a CEU certificate template to be used for meeting attendees. Within 30 days of the conclusion of the meeting, you will be responsible for providing the ASE with a typed attendance list. The American Society of Echocardiography has the right to deny any Meeting Submission and/or the number of credit hours requested.

I understand and agree to comply with the above statements.

X _____

Signature of Local Society Contact Person

*Your name typed above constitutes an electronic signature.

_____/_____/_____

Date

Submit by email, physical mail, online or by fax to: ATTN: Dallas Lyons, DLyons@ASEcho.org